

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10/774932**
APPLICANT(S)

FILED DATE

3/17/5

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
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| TOTAL IND. | 3 | | 3 | | | |
| TOTAL DEP. | 31 | | 30 | | | |
| TOTAL CLAIMS | 34 | | 33 | | | |

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| TOTAL IND. | | | | | | |
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